BUILDING PERMIT APPLICATION

or the performance of construction.

City of York P.O. Box 500 York SC 29745

Phone 803-684-2341 * 24 hour notice required for inspections

Permit Number (to be issued):				Date:		
Description of work:						
Are there any restrictive coventants on this property?				If yes, please provide a copy.		
Address of work:						
Heated Sq ft:	Garage sq ft:	Accessory/storage building sq ft:		Stories:	Porch/de ck sq.ft:	
Tax Map #		Zoning		Valuation of work:		
TYPE OF PERMIT						
BUILDING		MECHANICAL		DEMOLITION		
ELECTRICAL	ELECTRICAL PLUMBING			OTHER		
and preliminary applica	ution is availab	ment for Rehabilitated His le at <u>www.yorksc.gov</u>)**	•	, ,	ole properties (more information	
Home Address:						
Contractor/Company						
Address:				Emoil:		
Contractor Type:				_		
Contractor State ID#:				City License ID#:		
FOR OFFICE U	SE ONLY					
Permit fees: Capacity Fee/P.W.Dept:						
Business License: Total			Total fees:	es:		
(Adjustment if applicable): Total			Total paid:			
Pursuant to SC Code see defective or unsafe cond issued. I hereby certify that I ha laws and ordinance gove	suspended or ction 15-3-640 itions beyond we read and ex erning this typ	abandoned for a period 0 you have the right to of thirteen years after substantial this application of work will be complished.	of six (6) mo contract for a ostantial com n and know t ied with whet	nths at any time after guarantee of the stru pletion of the improve he same to be true an her specified herein o	the work is commenced.	

Signature of Applicant: Date: